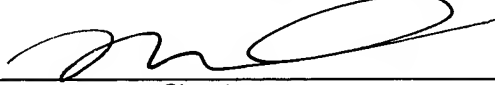
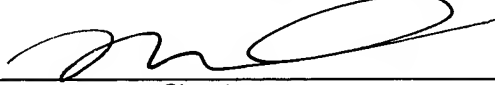
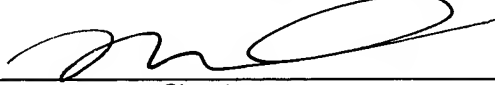


IFW

| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br><b>FY 2006</b><br><i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                   | Docket Number (Optional)<br><b>033458 M 003</b> |                  |            |                         |  |                                                                   |       |      |                  |                                                         |       |       |                  |                                                           |        |       |                  |                                                          |        |       |                  |                                                          |        |        |                  |                                                                                                                                                                  |                                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-------------------------------------------------|------------------|------------|-------------------------|--|-------------------------------------------------------------------|-------|------|------------------|---------------------------------------------------------|-------|-------|------------------|-----------------------------------------------------------|--------|-------|------------------|----------------------------------------------------------|--------|-------|------------------|----------------------------------------------------------|--------|--------|------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| Application Number <b>10/523,821</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                   | Filed <b>February 4, 2005</b>                   |                  |            |                         |  |                                                                   |       |      |                  |                                                         |       |       |                  |                                                           |        |       |                  |                                                          |        |       |                  |                                                          |        |        |                  |                                                                                                                                                                  |                                                                                   |
| For <b>BANK NOTE BUNDLING MACHINE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                   |                                                 |                  |            |                         |  |                                                                   |       |      |                  |                                                         |       |       |                  |                                                           |        |       |                  |                                                          |        |       |                  |                                                          |        |        |                  |                                                                                                                                                                  |                                                                                   |
| Art Unit <b>3721</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                   | Examiner <b>John R. Paradiso</b>                |                  |            |                         |  |                                                                   |       |      |                  |                                                         |       |       |                  |                                                           |        |       |                  |                                                          |        |       |                  |                                                          |        |        |                  |                                                                                                                                                                  |                                                                                   |
| <p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</p> <table border="1"><thead><tr><th></th><th><u>Fee</u></th><th><u>Small Entity Fee</u></th><th></th></tr></thead><tbody><tr><td><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))</td><td>\$120</td><td>\$60</td><td>\$<u>120.00</u></td></tr><tr><td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td><td>\$450</td><td>\$225</td><td>\$<u>      </u></td></tr><tr><td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td><td>\$1020</td><td>\$510</td><td>\$<u>      </u></td></tr><tr><td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td><td>\$1590</td><td>\$795</td><td>\$<u>      </u></td></tr><tr><td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td><td>\$2160</td><td>\$1080</td><td>\$<u>      </u></td></tr></tbody></table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>02-4300</u> . I have enclosed a duplicate copy of this sheet.</p> <p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p> <p>I am the <input type="checkbox"/> applicant/inventor.<br/><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71<br/>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).<br/><input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>32,263</u><br/><input type="checkbox"/> attorney or agent under 37 CFR 1.34.<br/>Registration number if acting under 37 CFR 1.34. <u>      </u> .</p> <table><tr><td><br/>_____<br/>Signature<br/>Michael A. Makuch<br/>_____<br/>Typed or printed name</td><td>November 22, 2006<br/>_____<br/>Date<br/>(202) 263-4300<br/>_____<br/>Telephone Number</td></tr></table> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input type="checkbox"/> Total of <u>      </u> forms are submitted.</p> |                                                                                   |                                                 |                  | <u>Fee</u> | <u>Small Entity Fee</u> |  | <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$120 | \$60 | \$ <u>120.00</u> | <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$450 | \$225 | \$ <u>      </u> | <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$1020 | \$510 | \$ <u>      </u> | <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$1590 | \$795 | \$ <u>      </u> | <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$2160 | \$1080 | \$ <u>      </u> | <br>_____<br>Signature<br>Michael A. Makuch<br>_____<br>Typed or printed name | November 22, 2006<br>_____<br>Date<br>(202) 263-4300<br>_____<br>Telephone Number |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <u>Fee</u>                                                                        | <u>Small Entity Fee</u>                         |                  |            |                         |  |                                                                   |       |      |                  |                                                         |       |       |                  |                                                           |        |       |                  |                                                          |        |       |                  |                                                          |        |        |                  |                                                                                                                                                                  |                                                                                   |
| <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | \$120                                                                             | \$60                                            | \$ <u>120.00</u> |            |                         |  |                                                                   |       |      |                  |                                                         |       |       |                  |                                                           |        |       |                  |                                                          |        |       |                  |                                                          |        |        |                  |                                                                                                                                                                  |                                                                                   |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | \$450                                                                             | \$225                                           | \$ <u>      </u> |            |                         |  |                                                                   |       |      |                  |                                                         |       |       |                  |                                                           |        |       |                  |                                                          |        |       |                  |                                                          |        |        |                  |                                                                                                                                                                  |                                                                                   |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | \$1020                                                                            | \$510                                           | \$ <u>      </u> |            |                         |  |                                                                   |       |      |                  |                                                         |       |       |                  |                                                           |        |       |                  |                                                          |        |       |                  |                                                          |        |        |                  |                                                                                                                                                                  |                                                                                   |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | \$1590                                                                            | \$795                                           | \$ <u>      </u> |            |                         |  |                                                                   |       |      |                  |                                                         |       |       |                  |                                                           |        |       |                  |                                                          |        |       |                  |                                                          |        |        |                  |                                                                                                                                                                  |                                                                                   |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | \$2160                                                                            | \$1080                                          | \$ <u>      </u> |            |                         |  |                                                                   |       |      |                  |                                                         |       |       |                  |                                                           |        |       |                  |                                                          |        |       |                  |                                                          |        |        |                  |                                                                                                                                                                  |                                                                                   |
| <br>_____<br>Signature<br>Michael A. Makuch<br>_____<br>Typed or printed name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | November 22, 2006<br>_____<br>Date<br>(202) 263-4300<br>_____<br>Telephone Number |                                                 |                  |            |                         |  |                                                                   |       |      |                  |                                                         |       |       |                  |                                                           |        |       |                  |                                                          |        |       |                  |                                                          |        |        |                  |                                                                                                                                                                  |                                                                                   |

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